MAIL TO: Office of the Attorney General Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 Telephone: (916) 323-5079

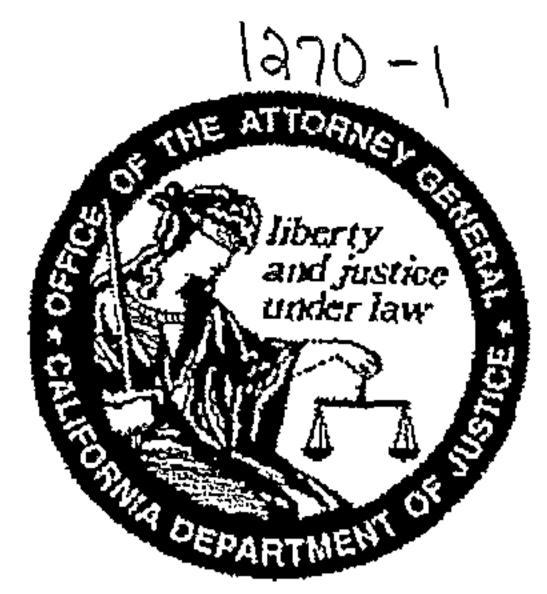
WEB SITE ADDRESS:

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES

ANNUAL FINANCIAL REPORT FOR 2003 (California Government Code Section 12599)

Failure to file annual financial report by January 30th annually for each calendar year of solicitation may result in late fees as defined in Government Code Section 12586.1

An annual financial report must be filed for each event



http://ag.ca.gov/charities/	tor each ch	arity solicited for di	uring the previous calenda	ar year.										
Name and Address of Commercial Fundraiser:			Name and Address of Charitable Organization:											
1270			CTNo. 34516 F.E.I.N. No. 68-0195828											
NORTHSTATE PRODUCTIONS P.O. BOX 371 ALTURAS, CA 96101			Tehama County Foster Parents Assoc. Name of charity P.O. Box 773											
											Address of charity	Californ	ia 96022	
											Cottonwood, California 96022 City, State, and ZIP code of charity			
Figures from (check one):	National Campaign 🔲 Cali	fornia Campaign	_ 											
Childrens	show	Ma	y 22		ovember 14 03	}								
held (on) (from) (Type of activity)			, 20, to, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20											
In the contract between the co	mmercial fundraiser and charity ba			. Dawaant aa 3 7	T 04h an []									
If other, provide br				e Li Percentageza	Ar Ottler LJ									
1. REVENUE														
A. Cash contributions			\$1,230.00	A.										
B. Entertainment sales	B. Entertainment sales or admission charges			B.										
C. Sales from products	C. Sales from products			C.										
D. Advertisement sales	D. Advertisement sales			D.	•									
E. Membership fees		•		E.										
F. Other sources: (Spe	ecify)				• ,									
a	······································			Fa.										
b				Fb.										
C				Fc.										
d				Fd.	\$24,690.00									
G. TOTAL REVENUE		_			Ψ24,030.00	G.								
2. EXPENSES														
A. Fees or commissions	Fees or commissions		\$2,315.00	A.										
B. Salaries	B. Salaries			B.										
C. Payroll taxes		•		C.										
D. Employee benefits				D.										
E. Cost of merchandise			#4 F00 27	E.										
	F. Cost of entertainment		\$1,592.37	F.										
	G. Postage		\$60.55	G.	•									
	H. Advertising I. Telephone		#1 6EE 2Q	M.										
J. Rental of equipment	I. Telephone I Pental of equipment		\$1,655.38											
			\$1.003.16	V.										
K. Facilities charge -Room Rentals L. Permits			\$200 00		•									
M. Other expenses: (Sp	pecify)			······································										
a. Vehicle	_ •		\$3,969.53	Ma.										
b. Insurance			\$502.96	Mb.										
	supplies & Printi	<u>ng</u>	\$905.99	Mc.										
d				Md.	440 004									
N. TOTAL EXPENSES					\$12,204.94	N.								

COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES ANNUAL EINANCIAL PEPORT FOR 20 03

(California Government Code Section 12599) Page 2			c		
3. Amount to charity (subtract line 2N from line 1G)	\$12,485.06	j 3.			
4. Less additional fundraising expenses paid by charity inclu	\$10,000.06				
5. Less fair market value of goods and/or services used for t	he event which were paid by sponsor(s)	•		5.	
6. Net proceeds realized by charity from the campaign (subtra	\$2,485.00	6.			
7. (a) Does any officer, director, partner or owner of the conformal fundraiser has contracted to Yes 又 No If "yes" complete the following:	solicit?	l over, directly or i	ndirectly, the charitable o	organization	
Name of officer, director, partner or owner of commercial fundraiser	Name and address of charitable organization	1	Relationship of officer, etc. to charitable organization		
		,			
(b) For each affiliation identified in 7(a), attach copy of the	e contract between the commercial fundraiser and the	charity.			
Under penalties of perjury, I declare that I have examined this rebelief, it is true, correct and complete.	eport, including accompany ing documents, schedules				
Signature of authorized officer (commercial fundraiser)	Printed name		Title	Date	
This report must be signed by two officers or directors of the ch	naritable organization for verification.				
Signature of authorized officer/director (charity)	BEVERLY J. CUBULAR Printed name	Director	Title	0 - 0 <u>/</u> Date	
Signature of authorized officer/director (charity)	EMMUSSIQUE Printed name	-und	7/5/0/ /- 2 Title	<u>Date</u>	